

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

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| UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))</small> | Attorney Docket No. | 1440.2032-001 |
| | First Named Inventor or Application Identifier | Robert J. Thomas |
| | Express Mail Label No. | EV 215729811 US |

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| Title of Invention | GAS SYSTEMS AND METHODS FOR ENABLING RESPIRATORY STABILITY |
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| APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents. | ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 |
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| 1. <input checked="" type="checkbox"/> Fee Transmittal Form <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input checked="" type="checkbox"/> Specification Total Pages 38 <i>(preferred arrangement set forth below)</i> - Descriptive title of the invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings <i>(if filed)</i> - Detailed Description - Claim(s) - Abstract of the Disclosure 3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) Total Sheets 5 <input checked="" type="checkbox"/> Fig. of the Drawings for Publication 1 <input type="checkbox"/> No Figure to be Published 4. <input checked="" type="checkbox"/> Oath or Declaration Total Pages 3 a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. 1.63(d)) <i>(for continuation/divisional with Box 17 completed)</i> i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. 1.63(d)(2) and 1.33(b). 5. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i> | 6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> a. <input type="checkbox"/> Computer Readable Form b. <input type="checkbox"/> Paper Copy (identical to computer copy) <input type="checkbox"/> Pages c. <input type="checkbox"/> Statements verifying identity of above copies <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> ACCOMPANYING APPLICATION PARTS 7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & documents) <input checked="" type="checkbox"/> Assignee - Beth Israel Deaconess Medical Center, Inc. Boston, Massachusetts 8. <input checked="" type="checkbox"/> Power of Attorney <input checked="" type="checkbox"/> 37 C.F.R. 3.73(b) Statement 9. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> 10. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations 11. <input type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard 13. <input checked="" type="checkbox"/> Small Entity Statement(s) 14a. <input type="checkbox"/> Foreign Priority Claim under 35 U.S.C. §119 or 365 14b. <input type="checkbox"/> Certified Copy of Priority Document(s) 15. <input type="checkbox"/> Nonpublication Request <i>(check parent application)</i> 16. <input type="checkbox"/> Other _____ </div> |
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17. If a **CONTINUING APPLICATION**, check appropriate box; supply the requisite information.

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: _____

Prior application information: Examiner: _____ Group Art Unit: _____

The entire disclosure of the prior application is considered a part of the disclosure of the accompanying application and is hereby incorporated by reference.
(Add standard Related Applications section with incorporation by reference to specification or update same)

| 18. CORRESPONDENCE ADDRESS | | | | | |
|----------------------------|---|-----------|----------------|----------|----------------|
| NAME | Customer No. 021005 | | | | |
| | HAMILTON, BROOK, SMITH & REYNOLDS, P.C. | | | | |
| ADDRESS | 530 Virginia Road, P.O. Box 9133 | | | | |
| CITY | Concord | STATE | MA | ZIP CODE | 01742-9133 |
| COUNTRY | USA | TELEPHONE | (978) 341-0036 | FAX | (978) 341-0136 |

| | | | |
|---------------------------------------|-------------------|-------------|----------|
| Signature | | Date | 11/18/03 |
| Submitted by Typed or Printed Name | Mary Lou Wakimura | Reg. Number | 31,804 |

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| FEE TRANSMITTAL FOR PATENT APPLICATIONS | Attorney Docket Number | 1440.2032-001 |
| | Application Number | |
| | First Named Inventor | Robert J. Thomas |

CLAIM CALCULATION (includes any preliminary amendment)

| CLAIMS | (1) FOR | (2) NUMBER FILED | (3) NUMBER EXTRA | (4) RATE | (5) CALCULATIONS |
|--------|---|------------------|---------------------|--------------------------------------|------------------|
| | TOTAL CLAIMS (37 CFR 1.16(c) or (j)) | 68 - 20* = | 48 | x \$ 18 = | \$ 864 |
| | INDEPENDENT CLAIMS (37 CFR 1.16(b) or (i)) | 7 - 3** = | 4 | x \$ 86 = | \$ 344 |
| | MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d)) | | | + \$ 290 = | \$ |
| | | | | BASIC FEE (37 CFR 1.16(a) or (h)) | \$ 770 |
| | | | | Total of above Calculations = | \$ 1978 |
| | Reduction by 50% for filing by small entity (37 CFR 1.9, 1.27, 1.28) = | | | | \$ 989 |
| | TOTAL = | | | | \$ 989 |
| | Surcharge - Late Filing of Declaration or Filing Fees (37 C.F.R. 1.16(e)) = | | | | \$ |
| | Petition for Extension of Time Fee (37 C.F.R. 1.17) = | | | | \$ |
| | Assignment Recordation Fee = (only when filed with application) | | | | \$ 40 |
| | [Other] | | | | \$ |
| | TOTAL = | | | | \$ 1029 |

* Reissue claims in excess of 20 and over original patent
 ** Reissue independent claims over original patent

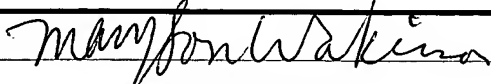
1. Small entity status:

- a. ☒ A small entity statement is enclosed.
- b. ☐ A small entity statement was filed in the prior non-provisional application and such status is still proper and desired.
- c. ☐ Is no longer claimed.

2. ☒ A general authorization is hereby granted to charge deposit account number 08-0380 for any fees required under 37 CFR 1.16 and 1.17 in order to maintain pendency of this application. A copy of this authorization is enclosed for accounting purposes.

3. ☒ A check is enclosed for \$1029. ☐ Please charge \$[] to Deposit Account No. 08-0380.

4. ☐ Other: _____

| | | | |
|---------------------------------------|---|-------------|----------|
| Signature |  | Date | 11-18-03 |
| Submitted by Typed or Printed Name | Mary Lou Wakimura | Reg. Number | 31,804 |